MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/579436

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ᵃ AMENDMENT		AFTER 2ᵃ AMENDMENT			AS FILED		AFTER 1ᵃ AMENDMENT		AFTER 2ᵃ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
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18							68						
19							69						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	6						TOTAL DEP.						
TOTAL CLAIMS	7						TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)